

Wildcat Hill Water Reclamation Plant

Grease Waste Manifest

***Date:**

***Time:**

*Source: ☐ City ☐ County ☐ Residential ☐ Business ☐ Industry ☐ Other: _____

Hauler Information (Please Print)

*Name of Hauler:		*Driver Name	
*Driver Phone Number		*Vehicle License No.:	
*Permit Number:		*Truck Volume (gal)	

Waste Origination (Please Print):

* (1) Name:	* (2) Name:
* Address:	* Address:
* City:	* City:
* Phone:	* Phone:
* Quantity/Type:	* Quantity/Type:
* Date/Time:	* Date/Time:
* Quantity:	* Quantity
* (3) Name:	* (4) Name:
* Address:	* Address:
* City:	* City:
* Phone:	* Phone:
* Quantity/Type:	* Quantity/Type:
* Date/Time:	* Date/Time:
* Quantity	* Quantity
* (5) Name:	* (6) Name:
* Address:	* Address:
* City:	* City:
* Phone:	* Phone:
* Quantity/Type:	* Quantity/Type:
* Date/Time:	* Date/Time:
* Quantity	Quantity
Total Gallons to be discharged:	

*** All Fields are REQUIRED for each site. Manifests will be considered incomplete without this information.**

Noncompliance with any part of this manifest may subject the permit holder to revocation of permit to utilize the services of the City sewerage system for disposal of scavenger wastes. Reissuance of permit to discharge after revocation shall be at the discretion of the Director. The City of Flagstaff Water Services Enforcement Response Plan is available for download at: www.flagstaff.az.gov/waterservices/

*Non-Hazardous Waste Certification

I certify under penalty of perjury that the above information is true and correct to the best of my knowledge and the truck listed above contains domestic sewage and no hazardous or industrial waste as defined by Federal, State or Local Law and that I am in compliance with Section 7-02-001-0040 of the City of Flagstaff Wastewater Ordinance

Hauler (Driver):

.....
Print Name

.....
Signature

